

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

Type or Print In

R-341
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SEE INSTRUCTIONS ON REVERSE

File original and one copy of this form with:

Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:

The city or county officer, if any, who receives the committee's original campaign disclosure statements.

Amendment

Amendment
[4] Check box if an Amendment and enter I.D. number:

922130

Date qualified as
Committee: (Month, Day, Year)

☐ Check box if not yet qualified

STATEMENT OF ORGANIZATION

Date Stamp
RECEIVED
AND FILED

Office of the Secretary of State
of the State of California

SEP 30 1992
MARCH FONG EU, Secretary of State

CALIFORNIA
1991 FORM 410

A For Official Use Only

RECEIVED

OCT 30 1992

REGISTRAR OF VOTERS
SAN JOAQUIN COUNTY

I Committee Information

NAME OF COMMITTEE:

Friends of Ken Haffel
for Lodi City Council

ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO. AND STREET

800 So. Ham Lane

COUNTY:

San Joaquin

CITY

Lodi

STATE

ZIP CODE

CA 95242

MAILING ADDRESS: (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

(209)-369-5242

II Treasurer and Other Principal Officers

NAME OF TREASURER:

Ralph M. Watson

MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEE'S)

530 Connie St
Lodi, CA 95240

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

209 369-3241

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

Kenneth D. Haffel

MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Controlled Committee

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.)

☒ Yes (Complete the following) ☐ No

- If this committee is controlled by an officeholder or a candidate, list the name of the controlling officeholder or candidate, the elective office sought or held, and district number, if any. If this committee is controlled by more than one candidate, list the name of each controlling candidate.
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

Kenneth Haffel - City Council - Lodi CA

You must complete the Verification on Page 2.

Attach additional information on appropriately labeled continuation sheets.

**Statement of Organization
Recipient Committee**

or Print in Ink.

STATEMENT OF ORGANIZATION

CALIFORNIA
1991 FORM

410

Page 2

SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets.

NAME OF COMMITTEE:

IV Broad Based Committee (See definition and important information on reverse)

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: (Month, Day, Year) _____

V Sponsored Committee Is this a sponsored committee? ☐ Yes ☐ No (See instructions on reverse for definitions and rules regarding a sponsored committee's name.)

If yes, provide name and address of sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:

ADDRESS OF SPONSOR:

NO. AND STREET

CITY

STATE

ZIP CODE

VI Primarily Formed Committee If primarily formed to support or oppose specific candidates or measures, list specific candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT	OPPOSE
SUPPORT	OPPOSE

VII Committee's Primary Activity if Not Primarily Formed If not supporting or opposing specific candidates or measures, see instructions on reverse and check

ONE box to indicate if this is a: ☐ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

VIII Disposition of Surplus Funds You must specify what disposition will be made of surplus funds in the event of termination.

Surplus Funds will be donated to Lodi Memorial Hospital Foundation

IX Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/24/92 DATE Al Lodi, CA CITY AND STATE

Executed on 9/24/92 DATE Al Lodi, CA CITY AND STATE

Executed on _____ DATE _____ CITY AND STATE

Executed on _____ DATE _____ CITY AND STATE

By Ralph McIntire SIGNATURE OF TREASURER

By Kenneth H. H. H. SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent